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Introduction

Jonathan W. Kanter and Douglas W. Woods
University of Wisconsin–Milwaukee

Problems typically targeted by clinical psychologists (e.g., anxiety, depression, substance addiction) are far more prevalent than those typically targeted by applied behavior analysts (e.g., language skills, self-injurious behavior). Although Skinner and others regularly discussed and interpreted these problems in functional terms (Ferster, 1973; Skinner, 1953), the discipline of behavior analysis has had relatively little impact on how such mainstream clinical problems are conceptualized and treated. In 1993, Michael Dougher responded to this reality by editing a special issue of *The Behavior Analyst* on clinical behavior analysis (CBA; Dougher, 1993) that presented several treatments designed as behavior-analytic alternatives to mainstream clinical approaches and raised important issues about the theory and radical behavioral philosophy that underlie CBA. It has now been 15 years since that issue, and in that time CBA has grown tremendously. In this issue, we present another special section on CBA to recognize this tremendous growth.

The recent emergence of CBA is marked by the development and refinement of new approaches to outpatient problems. For example, there has been an explosion of philosophical, theoretical, empirical, and clinical interest related to acceptance and commitment therapy (ACT; Hayes, Strosahl, & Wilson, 1999). The widespread interest in ACT is reflected by the formation of the Association for Contextual Behavioral Science, which has over 1,000 members, and the accumulation of empirical support for ACT in an increasingly diverse set of domains (Viladarga, Hayes, Levin, & Muto, this issue). In addition, several contemporary variants of behavioral activation for depression have been developed (Kanter, Busch, & Rusch, in press; Lejuez, Hopko, & Hopko, 2001, 2002; Martell, Addis, & Jacobson, 2001), and further developments and empirical testing of functional analytic psychotherapy (FAP; Follette & Bonow, this issue; Kohlenberg & Tsai, 1991; Tsai et al., in press) have occurred, as have refinements and empirical evaluations of other more traditional behavioral procedures (e.g., habit reversal; Woods et al., 2008).

Perhaps more important than the increasing interest in these clinical techniques has been elaborations and new developments with respect to the philosophical and theoretical underpinnings of these approaches, paving the way for a coherent, progressive science of CBA. For example, relational frame theory (RFT; Hayes, Barnes-Holmes, & Roche, 2001), although not immune to various criticisms in the behavior-analytic community (e.g., Burgos, 2003; Palmer, 2004; Tonneau, 2001), has generated considerable research, leading to the development of theoretical models based on RFT for a host of traditionally defined mental disorders that may spur and guide behavior-analytic research in these areas for many years to come (Woods & Kanter, 2007).

Along these lines, the current special section leads with a presentation by Dymond and Roche of an RFT model of anxiety disorders, a

Address correspondence to Jonathan W. Kanter, P.O. Box 413, Psychology Department, University of Wisconsin-Milwaukee, Milwaukee, Wisconsin 53211 (e-mail: jkanter@uwm.edu).

highly prevalent and challenging set of problems that all outpatient clinicians face. Dymond and Roche's analysis clearly demonstrates that CBA is now prepared to address the large public health problems commonly addressed in mainstream clinical psychology, not just with post-hoc functional analyses but also with working and promising research agendas that have shed and will continue to shed new light on these problems.

Next, Wray, Freund, and Dougher tackle another primary clinical issue head on: cognitive bias. One of the primary weapons of the cognitive revolution was the claim that many clinical conditions, especially depression, are characterized by cognitive biases that mediate environment–behavior relations and that behavior analysts simply had no account for. CBA now has an account, and it is neither mentalistic nor mediational. Wray et al. summarize and elaborate on a modern CBA account of cognitive bias that has been steadily accruing theoretical sophistication and empirical support.

Whereas both Dymond and Roche and Wray et al. emphasize RFT in their analyses, Waltz and Follette (this issue) demonstrate the relevance of several additional molar functional relations to outpatient clinical work, including matching, discounting, momentum, and variability, thus suggesting that derived relational responding is not the only new functional relation with important outpatient clinical implications. Because less research on these functional relations exists, one can hope that their analysis will spark additional theoretical and empirical work in these areas.

Two articles in this section focus on another topic of great interest to the mainstream: the role of values in outpatient psychotherapy. Bonow and Follette make an important distinction between valuing (behavior), values (consequences), and verbal behavior related to each. They describe the mainstream conceptualization of values as inherent or freely chosen and therefore inappropriate as targets for clinical change, leading to a fundamental dilemma for clinical behavior analysts who may instead view valuing as behavior that can be ethically targeted for change. The authors present a set of key guidelines for defining values behavior-analytically and ethically targeting client values in a manner that can be broadly applied in CBA.

Plumb, Stewart, Dahl, and Lundgren focus more specifically on the definition and role of values in ACT, consistent with the mainstream approach of clarifying rather than changing values. They first present a brief review of values in other traditions and suggest that the definition of values employed in ACT addresses major weaknesses and limitations of these other accounts. Plumb et al. review the empirical support for values-related processes within ACT and for ACT interventions that emphasize values for a variety of populations and settings. They outline a set of research questions that may guide future research in this area.

The ACT approach to both therapy and science is fully elaborated next by Viladarga et al. They situate ACT under the umbrella of functional contextualism and contextual behavior science, calling for increased flexibility in clinical terminology and research methods in order to communicate effectively with clients, clinicians, other researchers and the culture at large. They work through each component of the ACT model, such as fusion and contact with the present moment, describing each component's functional and empirical underpinnings and suggesting that the terms may be seen as middle-level functional terms that are user-friendly interfaces with the larger community. They present the ACT-RFT unified research program

as testimony to the potential of this effort to ameliorate clinical problems and to influence the cultural mainstream.

Next, Follette and Bonow present an important addition to the literature on FAP. Unlike ACT, which is linked to newer functional relations (i.e., relational framing), FAP relies on traditional behavioral principles and functional analytic methods. However, FAP, unlike ACT, has only slowly generated empirical support and mainstream interest. From a behavior-analytic standpoint, this is unfortunate, because FAP represents a clear and compelling link between traditional behavioral theory and technique, functional process, and outcome. As a purely functional approach to treatment, however, it calls for a research methodology that, simply put, has yet to be clearly articulated. Follette and Bonow address this issue directly, and provide a thorough discussion of the challenges inherent in conducting research on a purely functionally defined treatment such as FAP; they also provide important suggestions for future research.

Whereas FAP may be familiar to behavior analysts, in this issue Christopher and Dougher describe a treatment approach that has captivated the larger clinical culture but may be unfamiliar to behavior analysts: motivational interviewing (MI). MI, which evolved out of the humanistic tradition and emphasizes therapist verbal interventions on client verbal behavior, has been shown to be effective for motivating clients to seek and obtain change related to difficult-to-treat problems (e.g., substance addiction). In the context of research on and implications of RFT, a behavior-analytic account of clinical treatments such as MI that emphasize verbal interventions becomes possible. More important, Christopher and Dougher's functional analysis of MI suggests important possibilities for increasing the flexibility and effectiveness of MI, and creates inroads for additional behavior-analytic clarification and research on this important intervention.

Collectively, the articles in this special section represent several emerging trends in the field. First, there is a trend toward willingness to communicate in ways that seem mentalistic. At the heart of this trend is the CBA approach to cognitive mediation. RFT maintains that relational responding is an operant that is shaped by contingencies as are other operants, but it is a strange operant indeed. It allows clinical behavior analysts to dive into the pool of cognitive mediation, swim freely under water with mainstream mentalist accounts, and resurface to take a breath of ultimate environmental determinants only when it is prudent to do so (e.g., when speaking with other behavior analysts, as in this issue). The danger of this approach is that it may result in some non-behavior analysts misconstruing that a change has occurred with respect to the ontological position of private events in behavior analysis (e.g., do we still believe that they are real but not causal?). And, others might ask, if we have finally drowned in mentalism, why not just stick with existing cognitive accounts rather than complicating things with RFT? Put differently, RFT requires an important reminder that the power of relational responding to transform how the environment controls behavior is itself environmentally determined. This reminder may at times not be the most salient feature in descriptions of RFT, but the ontological position of behavior analysis is intact.

A second trend is epistemological, in that we also see a diversity and flexibility in research methodologies and in corresponding theories of behavioral phenomena. Only a small percentage of the research reported in this special section is of the traditional single-subject variety. Early behav-

ior-analytic research and theory were inductive in spirit (e.g., basic principles of reinforcement were generalized from the cumulative results of laboratory operant research presented as rates of responding), but current CBA theory is both inductive and deductive. The theory is deductive in that basic behavioral principles, inductively derived decades ago, now form the basis for speculation and theory about more complex human behaviors. These theories in turn stimulate specific experiments that incorporate mainstream hypothetico-deductive research methods and seek to reach and influence the mainstream through such efforts. This spirit of change is fully embraced and elaborated in this issue by Viladarga et al.

Both of these trends may be seen as troublesome by some behavior analysts. Some may bemoan this state of affairs as an abandonment of core ontological and epistemological positions of behavior analysis. Several of the authors of the articles in this special section argue that the pragmatic benefits of the effort in broadening the scope and impact of CBA outweigh the costs of criticism from within. As Dougher (1993) wrote when introducing the first special issue, ''Because the papers are intended to expand current thinking, they may very well engender disagreement and even controversy. As long as they also engender dialogue and research, they will have served their function'' (p. 270). That sentiment remains one thing that has not changed in the last 15 years.

A final trend is a generational shift. The articles in this special section were authored (in most cases, first authored) by a new generation of clinical behavior analysts, mentored by those who wrote the articles in the first special issue of *The Behavior Analyst* on CBA in 1993. Sixteen years ago, the first special issue suggested a variety of exciting and promising directions for the field to pursue. The series was about potential. The current series confirms that this potential is real and, in many ways, is already realized. A research agenda, rich in scope and depth, now exists and is energized by a principled and flexible community of nascent clinical behavior analysts, willing to work directly in the mainstream and admittedly less reliant on the original paradigms that catalyzed and shaped our field.

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